This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

LANE MEDICAL LIBRARY STANFORD
L309.N5 N5 1908 STOR
The Tuberculosis Infirmary of the Metrop
24503318320

The Tuberculosis Infirmary

OF THE

Metropolitan Hospital

Department of Public Charities

NEW YORK CITY

BY WALTER SANDS MILLS, A. B., M. D.

Chairman of the Tuberculosis Committee of the Medical Board; Associate Member of the Association of Tuberculosis Clinics of New York City, representing the Department of Public Charities; Member of the National Association for the Study and Prevention of Tuberculosis; Member of the New York State Committee of the International Congress on Tuberculosis.

NEW YORK:
MARTIN B. BROWN COMPANY, PRINTERS AND STATIONERS,
NOS. 49 TO 57 PARK PLACE.

1908.

L309
N5N5
1908

LANE

MEDICAL LIBRARY

LEVI COOPER LANE FUND

NEW YORK CITY TRAINING SCHOOL FOR NURSES, BLACKWELL'S ISLAND

The Tuberculosis Infirmary

OF THE

Metropolitan Hospital

Department of Public Charities

NEW YORK CITY

BY WALTER SANDS MILLS, A. B., M. D.

Chairman of the Tuberculosis Committee of the Medical Board, Associate Member of the Association of Tuberculosis Clinics of New York City, representing the Department of Public Charities; Member of the National [illegible] the Study and Prevention of Tuberculosis; Member of the N[illegible] Co[illegible]e of the International Congress on Tuberculosis.

LIBRARY

[illegible]K:
[illegible]RINTERS AND STATIONERS,
[illegible]ARK PLACE.

LANE LIBRARY

N5N5
1908

LIGHT HOUSE—NORTH END OF BLACKWELL'S ISLAND.

9359

SUPERINTENDENT'S COTTAGE—METROPOLITAN HOSPITAL

The Tuberculosis Infirmary of the Metropolitan Hospital.

Historical Sketch.

In 1875 the municipal charities and prisons of New York City were, and had been for a number of years, administered under a board of three members appointed by the Mayor and known as the Commissioners of Charities and Correction. The charities included a number of large hospitals. For several years the homeopathic branch of the medical profession had endeavored to get a foothold in one of these hospitals through the Commissioners, but without success. During the winter of 1874 and 1875 a more determined effort was made, and a petition signed by six hundred and fifty-five taxpayers representing more than half the estimated wealth of New York City, was presented to the Commissioners of Charities and Correction asking that a public hospital be set aside for the homeopathic treatment. There was some delay in getting a favorable response, so the matter was laid before Mayor William H. Wickham by a committee of laymen headed by A. T. Stewart and William Cullen Bryant. The Mayor took the matter under advisement, and shortly after the request was granted; a building on Ward's Island, in the East River, to be known as the Ward's Island Homeopathic Hospital, was assigned for the desired purpose. It was opened for the reception of patients October 15, 1875.

The general administration was, like that of the other City institutions, under the supervision of the Commissioners of Charities and Correction. A resident superintendent was appointed to look after the local affairs of the new hospital. The medical and surgical treatment was placed in the hands of a Medical Board of twenty-five physicians and surgeons chosen from the membership of the Homeopathic Medical Society of the County of New York. As is the custom in the other hospitals belonging

to the City, this Medical Board has since that time been self-perpetuating. That is, candidates are recommended for appointment by the Medical Board to the Commissioners. The final appointing power rests with them.

At the time the new hospital was organized the City cared for its insane as well as for its physically sick, and there were buildings for both classes of patients scattered about the different City properties. In 1894 this was changed by law; thenceforth all insane patients throughout the State were sent to State Hospitals. The Manhattan State Hospital for the Insane was established at Ward's Island and the entire island taken over by the State. The insane in one of the City buildings on Blackwell's Island, further down the East River, were removed to Ward's Island, and the patients at the Ward's Island Homeopathic Hospital were sent to Blackwell's Island. This necessitated a change of name and the homeopathic hospital since then has been known as the Metropolitan Hospital.

January 1, 1896, the Department of Charities and Correction was separated into the Department of Public Charities, and the Department of Correction, each with its own Commissioners The first took control of all the eleemosynary institutions, the second of all the criminal.

In 1901 the then Commissioner of Public Charities, the Hon. John W. Keller, informed the Medical Board of the Metropolitan Hospital that the remainder of the insane patients, occupying two buildings adjacent to the hospital, were about to be removed, and that he intended to add those buildings to the equipment of the Metropolitan. The question arose as to what was best to do with them. A large number of tuberculosis patients were in the Metropolitan, as in all of the City hospitals. These patients had been grouped by themselves first, as a matter of convenience, in a part of a ward. Later, as the present ideas regarding the communicability of tuberculosis became prevalent, the sufferers from it were placed in wards by themselves. It was now decided that this would be a good opportunity to put them in a separate building. The idea was presented to Commissioner Keller and met with his approval. Delays occurred in the removal of the insane, however, and they did not get away until so near the end of Commissioner Keller's term of office that he thought best

MAIN BUILDING—MAIN ENTRANCE

METROPOLITAN HOSPITAL—MAIN BUILDING

merely to endorse the proposition and leave the final decision for his successor.

January 1, 1902, the Hon. Homer Folks became Commissioner of Public Charities. During his first week in office a committee of the Medical Board of the Metropolitan Hospital waited on him and presented their views regarding the above matter. Commissioner Folks gave his approval and the recently vacated buildings were prepared for the reception of patients.

January 31, 1902, all of the tuberculosis patients from the main hospital were removed to the new buildings, and New York City became possessed of a special hospital for consumptives. At that time the Medical Board thought it was the first municipal hospital for such purpose in the United States. It has since learned that the City of Cleveland came first in 1897. Almost immediately after the opening of the new buildings for consumptives, the tuberculosis patients from the other charity hospitals of the City were removed there, and this department of the institution became known as the Tuberculosis Infirmary of the Metropolitan Hospital.

From the above brief account it will be seen that the credit for this step forward belongs primarily to the members of the Medical Board of the Metropolitan Hospital who proposed it, next to Commissioner Keller, who approved of it, and finally to Commissioner Folks, under whose administration it was carried out.

It will also be seen that the Infirmary is an outgrowth from, and an integral part of the Metropolitan Hospital. The tuberculosis patients at first were distributed throughout the general medical wards of the hospital; then they were grouped in a part of a ward; later they were segregated in separate wards; and finally, when the opportunity offered they were placed in buildings by themselves.

Location.

The Metropolitan Hospital has an ideal location for a hospital. It is on the north end of Blackwell's Island in the East River, overlooking the famous Hell Gate and between the Boroughs of Manhattan and Queens. The hospital grounds are half a mile long, and an eighth of a mile wide—the full width of the

Island. The grounds are well laid out and beautifully kept. The river, with the hundreds of boats passing on either side of the island every day, is a never-ending panorama of interest.

The air is as pure as can be got so near the great City. It is so open that the wind has full sway, and in summer the temperature is always lower than in New York City. Every building has all the advantages that can be gotten from fresh air and sunlight. There is ample room for out-door treatment.

With all these advantages the place is accessible to the City. A ferry runs from the foot of East Seventieth street, Manhattan, every half hour. The river is not over a thousand feet wide at this point so that the boat trip is very brief.

The Seventieth street ferry is for the use of doctors, attendants, and visitors. Patients and supplies are carried on a large boat which makes three trips a day from the Department headquarters at East Twenty-sixth street.

It is proposed to extend the lower end of Blackwell's Island a few hundred feet south, and have a subway station connecting with one of the East River tunnels. This will give still better facilities of communication.

Hospital and Buildings.

The Metropolitan Hospital is the largest general hospital in the United States. During the past winter it has housed as many as fourteen hundred and fifty patients at one time, about half of whom were tuberculosis cases. At present—July 25, 1908—there are seven hundred and twenty-five cases of tuberculosis in that department of the hospital, the largest number of such cases under one administration anywhere in the world.

The administrative staff, internes, nurses, and employees, number more than five hundred, so that all told the population of the institution numbers nearly two thousand persons.

The buildings for patients are: The main building, containing surgical wards for men and women; obstetric ward, medical ward for women, and alcoholic ward for men; the men's medical building; the lepers' pavilion; the children's pavilion; the erysipelas pavilion; the pavilion for nervous diseases; the pavilion for skin diseases; the men's tuberculosis building; two pavilions and

WARD F.—OPERATING ROOM

WARDS T. AND S.—MALE MEDICAL

twelve tents for men tuberculosis patients; the solarium, a recreation building for men tuberculosis cases; the building for women and children suffering from tuberculosis; two tents for women tuberculosis cases. There are also separate buildings for men employees, women employees, the nurses' home, morgue and pathological department, electro-therapeutic department, stables, laundry, kitchen building, etc. Contracts have been let and work started on a new pathological and morgue building, a building as a home for the internes, and two new buildings each to accommodate two hundred and fifty tuberculosis patients. One of these latter will be fitted with a complete operating-room and accessories.

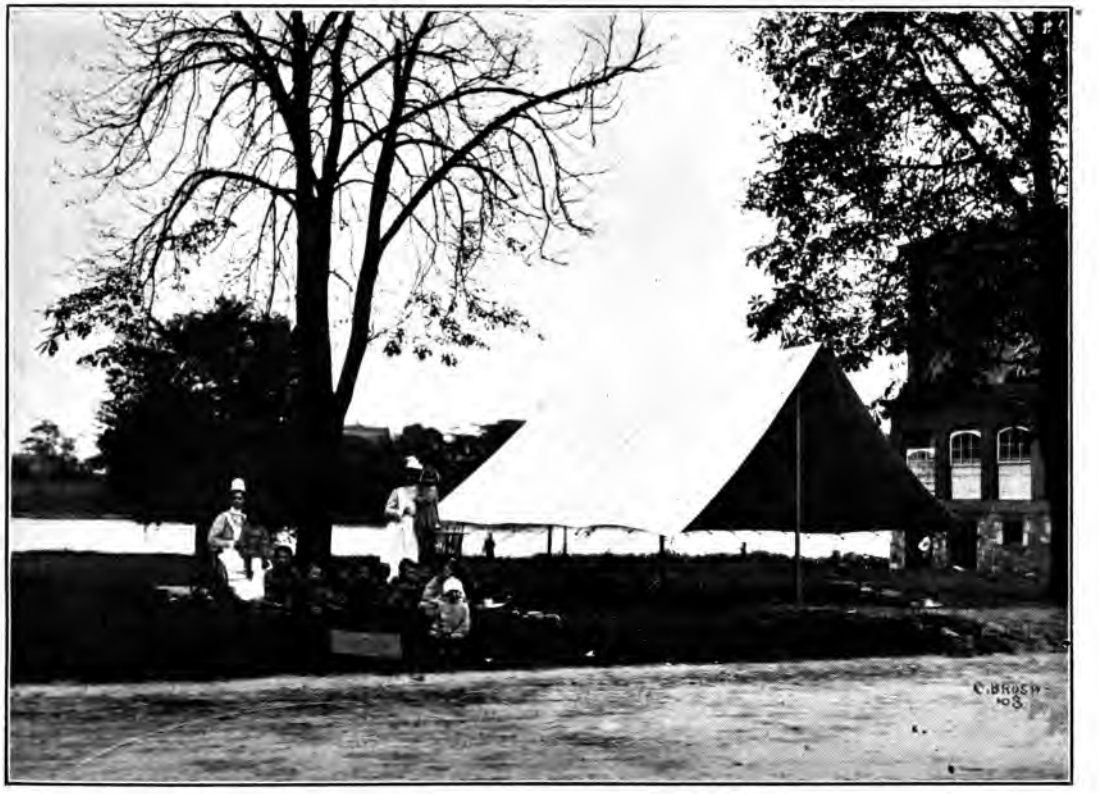
Administration.

The Commissioner of Public Charities is the administrative head of the Department. The office is an appointive one, and the officer is appointed by the Mayor to serve at his pleasure, usually during his own term of office. The present Commissioner is the Hon. Robert W. Hebberd. The Department includes hospitals in each of the Boroughs, the Home for the Aged and Infirm, and has general supervision over public charities of various kinds.

The Metropolitan Hospital, like the other institutions in the Department, has its own Superintendent. Patients are sent from the central office. The money to run the hospital is in charge of the Commissioner, and the central office provides all supplies and equipment.

The medical administration of the Metropolitan is under the control of a Medical Board of twenty-five physicians and surgeons. This Board is appointed by the Commissioner, but is practically self-perpetuating, as vacancies are always filled on its recommendations. It is divided into various committees to look after the various branches of the work. There are also some fifty specialists and assistants to help care for the patients. These are appointed for a year at a time by the Commissioner on recommendation of the Medical Board. The various members of the Board and assistants serve without pay. They serve two months and are off four, so that the visiting is done in rotation. A man may take a longer term of service if he so desires, and some do.

METROPOLITAN HOSPITAL—MAIN BUILDING



CHILDREN'S TENT

ered at will. These double sashes are so constructed that even when closed there is a current of fresh air passing constantly between them from out-doors into the tent as through a chimney, thus insuring a thorough ventilation at all times. The roof is double, the inner layer being of canvas, the outer of shingles, with a twelve-inch space between. Steam-heating pipes run around the sides of the tents for use in cold weather. Even so the temperature in them is frequently as low as forty-five degrees Fahrenheit during the winter months, and sometimes fifteen or twenty degrees lower. The twelve tents are connected with each other and with the stone building by a covered passageway

The patients on the ground floor and in the tents have a dining-room most attractively located near the river. On the upper floors most of the patients are in bed and of necessity their food is served to them in bed. A few of the men, able to be up, have a small alcove dining-room.

During Commissioner Folks' administration a solarium was built for the men. This building is two hundred feet long, twenty feet wide, and entirely enclosed in glass set in window frames. A broad piazza runs entirely around it. This building serves as a recreation room and sitting room. During inclement weather the patients sit inside. The windows on the weather side are kept closed, on the opposite side are kept open. In good weather the men use the piazzas. There is an ample supply of comfortable chairs to sit on. There are magazines and books to read. A shuffle board, cards and dominoes are provided to play with. Altogether, patients strong enough to avail themselves of it have a very comfortable and pleasant place in the solarium.

The building for women and children is of brick, about one hundred and fifty feet long, and two stories high. Each floor accommodates about forty patients. The upper floor forms one large open ward. The lower floor is divided in two, the larger end for women, the smaller end for children of whom there are about twenty. The children's ward was started in 1907, with Commissioner Hebberd's permission. Just at present there is room for no more, but when the new buildings now under way are completed it is hoped to make the children's department a feature of the institution.

Besides this building there are two tents for women connected with it by a passageway, and of the same general construction as the tents used by the men. Each ward has its own dining-room.

Ever since the Tuberculosis Infirmary was opened it has been filled. Lately the crowding has been very great. The present Commissioner of Public Charities, the Hon. Robert W. Hebberd, has taken much interest in this branch of his department, and has succeeded in getting money appropriated for new buildings to cost nearly half a million dollars. In a general way the plans call for stone buildings of architectural merit that will be a credit to the City. The patients will be accommodated in small wards, holding twenty-eight patients each. Broad piazzas will run entirely around each floor, and every window will be wide enough and low enough to permit a bed to be passed through it onto them. In this way bed patients as well as walking patients will have the benefit of the out-door air at any time, while in bad weather they can be kept indoors. During cold weather it will be possible for patients to dress and undress, or to have their bedding changed, indoors, where there can be a comfortable temperature. At present bed patients are indoors all the time, because there is no way to get them out. The windows are always open, but that is not quite the same. In cold weather the tents are too cold to dress and undress in in safety. During the winter time each tent patient is supplied with a hot-water bag, to take the chill off the bed.

Tuberculosis Patients.

Persons applying to the Department of Public Charities for hospital treatment and sent to Blackwell's Island, are assigned pro rata, according to the number of vacant beds, to the City Hospital at the south end of the island, and to the Metropolitan Hospital at the north end. This is done without consulting the prospective patient as to his desires, and has been the custom of the Department from the beginning.

In the hospital proper, at the Metropolitan, all classes of medical and surgical diseases are treated, excepting only tuberculosis and the contagions. All contagious diseases are sent to the hospitals of the Department of Health.

PAVILIONS—CHILDREN—MALE TUBERCULOSIS

LEPERS WARD

Since the Tuberculosis Infirmary was established all of the tuberculosis patients applying to the Department of Public Charities for treatment have been sent to it. From the time the first building was opened, January 31, 1902, to July 1, 1908, there have been 16,122 cases admitted. Of these 10,589 were discharged, 4,826 died, and 707 remained. The death rate was 29.9 per cent. for the entire period.

During the year 1907 there were 2,795 admissions. During the first six months of 1908 there were 1,555 admissions.

As diagnosis becomes more accurate and the sufferers learn to appreciate the advantages of hospital treatment, the demands on the City for help increase. The present Commissioner has planned to have a consumptive hospital on Blackwell's Island ultimately to accommodate fifteen hundred patients. Plans have also been formulated and work is in progress for a City tuberculosis hospital on Staten Island that is to be even larger. Both will be filled with patients probably as soon as completed.

The municipal hospital facilities of New York City have never yet been adequate to house in comfort all the sick poor seeking municipal aid. The main reason of this is the great influx of foreigners each year who never get any further into the United States than New York City. A glance at the nationality of the patients in the Tuberculosis Infirmary will show this.

Effort is made to keep certain general statistics of all the patients, but for various reasons they cannot be kept complete for every separate individual. Many of the patients do not know the answers to some of the questions, others cannot understand because they are foreigners and cannot speak English, some are not of sufficient intelligence to supply the requested information. The sum total of the information that is gotten will give an idea of the work.

Up to January 1, 1908, there were admitted 14,372 patients of whom 11,734 were men, and 2,638 were women.

Of 13,610 patients whose nationality was recorded

5,832 were born in the United States.
2,978 were born in Ireland.
1,109 were born in Germany.
959 were born in Russia.
896 were born in Italy.

366 were born in Austria.
346 were born in England.
189 were born in Scotland.
125 were born in Sweden.
99 were born in Roumania.
94 were born in Hungary.
84 were born in the West Indies.
81 were born in Canada.
74 were born in Greece.
74 were born in Switzerland.
55 were born in France.
54 were born in Poland.
49 were born in Norway.
22 were born in Turkey.
19 were born in Bohemia.
14 were born in Denmark.
13 were born in China.
13 were born in Holland.
11 were born in Spain.
10 were born in Syria.
9 were born in Belgium.
7 were born in Japan.
5 were born in Nova Scotia.
5 were born in the Philippines.
4 were born in Newfoundland.
3 were born in Palestine.
3 were born in South America.
2 were born in Porto Rico.
2 were born in the Canary Islands.
2 were born in Finland.
1 was born in India.
1 was born in Bavaria.

A glance at the thirty-seven nationalities noted shows the cosmopolitan character of the population from which the tuberculosis patients are drawn.

Natives of the United States head the list with 43 per cent. of the cases—many of them born of foreign parents. Natives of Ireland come next with 22 per cent. Natives of Germany third with 8 per cent. Natives of Russia fourth with 7 per cent. Prac-

MALE EMPLOYEES DORMITORY

MAIN BUILDING—TUBERCULOSIS INFIRMARY

tically all of the Russians are Jews. These figures are very significant for two reasons: First, the Jews are supposed to be less susceptible to tuberculosis than other races; second, the Jews are more or less clannish and the needy are said not to find their way as a rule to public charities, but are looked after by their own people. It would seem as though placed under the same conditions as other races both contentions were wrong. Natives of Italy are fifth with 7 per cent. Natives of Austria and natives of England are sixth and seventh respectively, each with something more than 2 per cent. of the cases.

There were 9,903 patients classified by ages in ten-year periods.

Under 10 years of age,	20	cases.
11-20 years of age,	869	cases.
21-30 years of age,	2,222	cases.
31-40 years of age,	2,513	cases.
41-50 years of age,	2,027	cases.
51-60 years of age,	1,269	cases.
61-70 years of age,	616	cases.
71-80 years of age,	345	cases.
81-90 years of age,	20	cases.
91-100 years of age,	2	cases.

The youngest baby girl was three weeks old, the oldest woman 97 years. The youngest baby boy was eleven months old, the oldest man 92 years.

The fourth decade of life—31 to 40 years of age—leads with 25 per cent. of the cases, next comes the third decade—21 to 30 years—with 22 per cent. of the cases, third, the fifth decade—41 to 50 years—with 21 per cent. of the cases. Before 21 and after 50 the percentages are much less. Or, in other words, 68 per cent. or a trifle more than two-thirds of the cases develop tuberculosis at what is normally the most active and useful part of human life.

The Infirmary is a charity institution and its clientele is drawn from the very poor; most have never been anything else, many have seen better times but are down and out. Nearly all trades and some of the learned professions are represented in the 130 recorded occupations. Artists, actors, actresses, bakers, bookbinders, blacksmiths, butchers, barbers, barkeepers, carpenters,

cooks, cigarmakers, dyers, decorators, doctors, drivers, expressmen, electricians, engineers, firemen, furniture polishers, gardeners, icemen, ironworkers, jewelers, janitors, kitchen men, laborers, lawyers, laundrymen, lithographers, merchants, musicians, machinists, nurses, newsdealers, oystermen, peddlers, printers, plumbers, porters, painters, plasterers, photographers, roofers, sailors, salesmen, stonecutters, teachers, tailors, tanners, tinsmiths, upholsterers, weavers, woodworkers, waiters—all of these and many more callings are represented.

The following callings were represented by more than one hundred patients: Laborers, 2,131; domestic servants, 949; drivers, 433; hotel help, 307; waiters, 294; tailors, 264; operators on machines, 195; clerks, 194; cooks, 191; porters, 139; peddlers, 125; carpenters, 115.

It would be difficult to form any conclusions as to just how much these various callings had to do with the development of tuberculosis in the subjects. Laborers and drivers and peddlers spend much of their time out of doors, and for that reason should be less liable to the disease. The difficulty with them must be partly exposure to all sorts of weather and bad conditions, partly to bad housing. The other prominent occupations listed keep the patients indoors. Another factor that makes it difficult to draw conclusions from the above list is that an unskilled man may be a laborer at one time, a porter at another, a waiter at another, and so on. Many of them when questioned have worked at a given occupation for but a short time, and before that many have tried a hand at many callings.

Another item of information tabulated since July 1, 1906, is the professed religion of the patients. This is required by the Department. Clergymen representing the different great faiths are on constant duty and do much to administer to the mental and spiritual comfort of the patients.

Of 4,095 patients admitted July 1, 1906, to January 1, 1908, there were:

2,642 Roman Catholics.
1,012 Protestants.
428 Hebrews.
13 Unclassified.

SOLARIUM—EXTERIOR—TUBERCULOSIS INFIRMARY

TUBERCULOSIS PATIENTS ON VERANDA OF SOLARIUM

Hospital Routine.

On admission each patient has a card made out giving name, age, whether single or married, nativity, religion, and name and address of nearest relative or friend. His or her clothing is taken away, the patient is bathed, hospital clothing supplied, and a bed assigned. The pulse, temperature, and respiration are recorded by a nurse. As soon as possible an interne takes the history of the case and makes an examination.

Each patient is given a copy of the following:

Regulations of the Tuberculosis Infirmary of the Metropolitan Hospital. Promulgated by the Commissioner of Public Charities, July, 1903:

Consumption.

Note.—Consumption is a communicable disease. Many cases can be cured; many others can be improved. The City has established this Infirmary to cure such cases as can be cured, to improve such as can be improved, and to relieve the sufferings of others. It is also for the purpose of preventing the spread of the disease.

The City provides free of charge, physicians, nurses, food, clothing, medicine, shelter and all other necessaries. It expects from the patients for their own protection and for the protection of others, prompt and explicit obedience to these rules.

Consumption is usually communicated from one person to others by means of the sputum (spit). This is full of the germs of the disease, and every bit of it must be collected and destroyed.

The principal means of cure or improvement are out-of-door air, rest, food, sleep and freedom from worry.

A careful, conscientious and obedient patient has fifty times as many chances of cure as a careless and disobedient one.

Rules.

1. Never spit on the floor, walks, grass, nor anywhere except in a cup or bottle provided for that purpose. The cup must be used indoors and the bottle out of doors.
2. Spend as much time as possible out of doors, even in cold weather.
3. When indoors, get as much fresh air as possible. Never close the windows, night or day.
4. Take moderate exercise daily and do such work as the physician directs. It is for your own good.
5. Sleep at least nine hours a night.
6. Be hopeful and cheerful; be helpful to others; assist in enforcing the rules, for by so doing your chances of cure are increased.
7. Never swallow your spit. Don't cough unless you have to. Hold a handkerchief before your face when coughing or sneezing.

Male patients should wear neither beard nor mustache.

8. Eat slowly. Chew your food well. Drink milk in slow swallows. Rinse out the mouth after each meal.
9. Never sit or lie upon the grass or walks.
10. Boisterous conduct, profanity, and loud talking or quarrelling are strictly prohibited.
11. Always keep a copy of these rules with you.

Wilful or repeated violation of these rules must result in the discharge of the patient.

SOLARIUM INTERIOR

TUBERCULOSIS INFIRMARY TENTS—EXTERIOR

a fighting chance; 5,351 or 41 per cent. were in class C—all the symptoms more marked than in the preceding class; 1,085 or 9 per cent. were in class D—absolutely hopeless.

Cases of this kind make the Infirmary a hospital. The patients are sick, most of them very sick, and they must be treated as sick people. Therein the Tuberculosis Infirmary differs from most institutions devoted to the care of tuberculosis, which accept only incipient cases, turn out those who show a tendency to get worse on the ground that they are not suitable cases, and never have a death except by accident.

Treatment.

The three great essentials in the treatment of tuberculosis in any stage are (1) rest, (2) fresh air, and (3) an abundance of nourishing food. These are all utilized to the fullest at the Metropolitan. The first requisite, rest, is too frequently neglected The tendency for most tuberculosis patients is to try to do too much. Every patient at the Infirmary with a temperature of 100° Fahrenheit or more is obliged to lie down. If the temperature is below that early in the day he is sometimes allowed up in the morning. The very sick patients are in bed all the time. The strongest ones sleep in the tents.

The second requisite, fresh air, is obtained in abundance. Patients able to use the solarium, and patients housed in the tents are out of doors practically all the time. Patients unable to get out receive a maximum of fresh air through the always-open windows. In very cold weather, the wards are not allowed to get too cold, as very sick consumptives are extremely susceptible to cold. They are susceptible to extremes of either heat or cold, in fact, and a very hot or a very cold spell of weather lasting during two or three days will invariably kill off numbers of the weakest.

During the summer months parties of patients able to be up are taken about the harbor on one of the Department boats twice a week. The boat has to make these trips to the various islands and boroughs on Department business, and the patients are carried for the benefit to be derived from the outing. The benefit is not only physical, it is mental as well, because it adds a pleasant variety to the ordinary routine of hospital life.

In the third requisite, an abundance of nourishing food, the City is very liberal. The dietary has been improved during the administration of Commissioner Hebberd. At present the patients receive a different bill of fare every day for two weeks and then repeat. The dietary follows:

FIRST WEEK.

Sunday.

Breakfast: Rolled wheat, 8 oz.; milk, 4 oz.; 2 eggs; bread, 4 oz.; butter ½ oz.; coffee, 16 oz.; sugar, ½ oz.

Dinner: Beef stew, 12 oz.; roast beef, 6 oz.; potatoes, 6 oz.; vegetable, 4 oz.; blanc mange, 6 oz.; bread, 4 oz.; butter, ½ oz.

Supper: 1 egg; stewed prunes, 6 oz.; tea, 16 oz.; bread, 4 oz.; butter, ½ oz.: corn starch pudding.

Monday.

Breakfast: Farina, 8 oz.; milk, 4 oz.; 2 eggs; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.; sugar, ½ oz.

Dinner: Vegetable soup, 12 oz.; beef stew, with potatoes, 16 oz.; 1 egg: bread, 4 oz.; butter, ½ oz.; bread pudding, 6 oz.

Supper: Apple sauce; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Tuesday.

Breakfast: Oatmeal, 8 oz.; milk, 4 oz.; meat, 4 oz.; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.; sugar, ½ oz.

Dinner: Pea soup, 12 oz.; roast mutton, 6 oz.; potatoes. 6 oz.; vegetable 4 oz.; bread, 4 oz.; butter, ½ oz.; tapioca pudding, 6 oz.

Supper: 2 eggs; stewed prunes, 6 oz.; bread, 4 oz.; butter, ½ oz.; tea 16 oz.

Wednesday.

Breakfast: Rolled wheat, 8 oz.; milk, 4 oz.; sugar, ½ oz.; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Vegetable soup, 12 oz.; roast beef, 6 oz.; potatoes, 6 oz.; bread 4 oz.; butter, ½ oz.; vegetable, 4 oz.; farina pudding, 6 oz.

Supper: 2 eggs; rice, 6 oz.; milk, 4 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Thursday.

Breakfast: Oatmeal, 8 oz.; milk, 4 oz.; sugar, ½ oz.; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Mutton broth, 12 oz.; mutton, 6 oz.; potatoes, 6 oz.; vegetable. 4 oz.; bread pudding with currants, 6 oz.; bread, 4 oz.; butter, ½ oz.

Supper: 2 eggs; bread pudding, 6 oz.; bread, 4 oz.; butter, ½ oz.; tea. 16 oz.

TUBERCULOSIS INFIRMARY—DINING ROOM BUILDING—EXTERIOR

TUBERCULOSIS INFIRMARY DIET KITCHEN

Friday.

Breakfast: Hominy, 8 oz.; Milk, 4 oz.; sugar, ½ oz.; 2 eggs; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Pea soup, 12 oz.; baked fish, 6 oz.; potatoes, 8 oz.; bread, 4 oz.; butter, ½ oz.; vegetable, 4 oz.; rice pudding, 6 oz.

Supper: 1 egg; prunes, 6 oz.; milk, 4 oz.; bread, 4 oz.; butter, ½ oz. tea, 16 oz.

Saturday.

Breakfast: Hominy, 6 oz.; milk, 4 oz.; sugar, ½ oz.; 2 eggs; bread, 4 oz. butter, ½ oz.; coffee, 16 oz.

Dinner: Barley soup, 12 oz.; roast beef, 6 oz.; potatoes, 6 oz.; vegetable 4 oz.; bread, 4 oz.; butter, ½ oz.; cracker pudding, 6 oz.

Supper: Hominy, 8 oz.; milk, 4 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz

SECOND WEEK.

Sunday.

Breakfast: Rolled wheat, 8 oz.; milk, 4 oz.; sugar, ½ oz.; 2 eggs; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Vegetable soup, 12 oz.; fricasee of chicken, 8 oz.; potatoes, 6 oz.; vegetable, 4 oz.; corn starch pudding, 6 oz.; bread, 4 oz.; butter, ½ oz.

Supper: 1 egg; potatoes, 6 oz.; apple sauce, 8 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Monday.

Breakfast: Oatmeal, 8 oz.; milk, 4 oz.; sugar, ½ oz.; 2 eggs; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Beef stew with barley, 12 oz.; hash, 6 oz.; vegetable, 4 oz.; bread, 4 oz.; butter, ½ oz.; bread pudding, 6 oz.

Supper: Dried apples, 6 oz.; 1 egg; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Tuesday.

Breakfast: Indian meal, 8 oz.; milk, 4 oz.; sugar, ½ oz.; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Mutton broth, 12 oz.; roast mutton, 6 oz.; potatoes, 6 oz.; vegetable, 4 oz.; bread, 4 oz.; butter, ½ oz.; rice pudding, 6 oz.

Supper: 2 eggs; apple sauce, 8 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Wednesday.

Breakfast: Hominy, 8 oz.; milk, 4 oz.; sugar, ½ oz.; meat, 4 oz.; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Barley soup, 12 oz.; pot roast with potatoes, 16 oz.; 1 egg; bread, 4 oz.; butter, ½ oz.; cracker pudding, 6 oz.

Supper: 1 egg; farina, 6 oz.; milk, 4 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Thursday.

Breakfast: Rolled wheat, 8 oz.; milk, 4 oz.; sugar, ½ oz.; 2 eggs; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Vegetable soup, 12 oz.; mutton, 6 oz.; bread, 4 oz.; butter, ½ oz.; potatoes, 6 oz.; vegetable, 4 oz.; farina pudding, 6 oz.

Supper: 1 egg; butter, ½ oz.; tea, 16 oz.; bread, 4 oz.; Indian meal, 6 oz.; milk, 4 oz.

Friday.

Breakfast: Oatmeal, 8 oz.; milk, 4 oz.; sugar, ½ oz.; 2 eggs; bread, 4 oz.; butter, ½ oz.; coffee, 16 oz.

Dinner: Pea soup, 12 oz.; baked fish, 6 oz.; potatoes, 8 oz.; vegetable, 4 oz.; tapioca pudding, 6 oz.; bread, 4 oz.; butter, ½ oz.

Supper: 1 egg; prunes, 6 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Saturday.

Breakfast: Hominy, 8 oz.; milk, 4 oz.; sugar, ½ oz.; meat, 4 oz.; bread, 4 oz.; butter, ¼ oz.; coffee, 16 oz.

Dinner: Beef soup, 12 oz.; boiled beef, 6 oz.; potatoes, 6 oz.; vegetable, 4 oz.; bread, 4 oz.; butter, ½ oz.; cracker pudding, 6 oz.

Supper: 2 eggs; farina, 6 oz.; milk, 4 oz.; bread, 4 oz.; butter, ½ oz.; tea, 16 oz.

Besides the three meals, hot milk is served at 6 A. M., milk, chocolate or egg nog, at 10 A. M. and 3 P. M., and milk again at 8 P. M.

The above is the regular diet for the patients up and able to eat. It includes three eggs and forty ounces of milk daily. Light diet calls for four eggs and sixty-four ounces of milk, toast and articles selected from an extra list.

Liquid diet calls for forty-eight ounces of milk, broth, scorched farinaceous food and albumen water.

Extra diet is selected from the following: Beef, mutton, chicken and clam broth. Beef juice, scraped beef, steak, chops, bacon, custard, simple puddings, wine and lemon jellies, junket, fresh fruits, emulsion and sherry as per doctor's order.

Stimulants and cod liver oil are not used as a routine.

The therapeutic treatment includes all accepted methods, plus the homeopathic. Extensive experiments have been made with the various sera. The class of cases is not the kind that responds readily to any treatment; the majority are too far gone. A few can be, and are, cured. The others are prescribed for symptomatically.

TUBERCULOSIS INFIRMARY—DINING ROOM—INTERIOR

FEMALE BUILDING—TUBERCULOSIS INFIRMARY

Results.

As noted above, the mortality to July 1, 1908, is 4,826 or 29.9 per cent. Of these, more than half died less than thirty days after entrance. Of those discharged—10,589—more than half left in less than thirty days. The patients are free to come and go. If they wish to leave they cannot be compelled to stay. Tuberculosis is a more or less chronic disease, and its cure means months of constant care and attention. Very few of the patients admitted to the Infirmary are willing to give sufficient time for a cure.

Nearly all the patients show improvement at first. The change from their ordinary surroundings to the hospital where everything is provided for them, nurses to wait on them, a clean and comfortable bed to sleep in, with an abundance of fresh air and good food, benefits them right away. As they feel better and stronger many insist on leaving. Those with families dependent on them feel that they must get to work again if possible. Some of the others cannot stand the strain of being good and must get out to indulge in their favorite form of dissipation. In either case the result is equally disastrous in the majority of cases. Sooner or later the patients return in worse condition than at first, and many of them die soon after their readmission.

A few cases have remained at the Infirmary long enough to be permanently cured. Others undoubtedly would be if they could be persuaded to stay longer.

INTERIOR OF WARD L—TUBERCULOSIS INFIRMARY

TUBERCULOSIS INFIRMARY TENT, INTERIOR—WOMEN

INTERIOR OF WARD L—TUBERCULOSIS INFIRMARY

TUBERCULOSIS INFIRMARY TENT, INTERIOR—WOMEN

LANE MEDICAL LIBRARY

To avoid fine, this book should be returned on or before the date last stamped below.

L309 Mills, W.S. 9359
N5N5 Tuberculosis infirmar
1908 of Metropolitan hosp.
NAME New York city DUE